



WHAT IS THE PURPOSE OF THE COMMUNITY MINI-GRANT PROGRAM?

The goal of the community mini-grant program is to reduce hospitalizations and encourage community members and agencies to act on asthma-related issues, and give them opportunities to make meaningful changes in their communities through a variety of approaches. This funding enables each community to use area-appropriate activities to further asthma activities and work towards reducing hospitalizations due to asthma.

WHAT CAN YOUR COMMUNITY ORGANIZATION DO TO FOCUS ON ASTHMA?

Community projects must:

1. Increase community capacity and infrastructure to address asthma issues. Utilize your community assets and existing infrastructure to further asthma activities.
2. Target at least one area of the community. Focus on one segment of your community such as, but not limited to:
 - Workplace
 - Home
 - Daycare
 - School

Determine what this area of your community needs and create an appropriate response.

3. Be linked to the Utah Asthma Plan.

It is critical that the community projects are linked to the new Utah Asthma Plan. This document guides asthma activities in the state and will help achieve the overall vision of “Utah communities working together to improve the quality of life for people with asthma.” Please download a copy of the new state plan at www.health.utah.gov/asthma, or email asthma@utah.gov for a copy.
4. Include an evaluation plan.

Make sure your plan includes ways to measure the difference your project makes in the community.

WHAT ARE THE PROJECT REQUIREMENTS?

- ☐ Projects must be targeted to a **specific population or group** in your community
- ☐ Projects must **involve members of the targeted population or group** in planning and carrying out activities.
- ☐ Activities must be specific, measurable, achievable, reasonable, and time phased.
- ☐ Organizations must have a coordinator who will lead program activities and attend at least one training session with the Utah Department of Health Asthma Program.

- ☐ Organizations must communicate at least monthly with their grant monitor. Monthly reports will be submitted, as well as a midterm progress report and one project end report. In addition, there will be a minimum of one site visit per quarter from the grant monitor.
- ☐ A minimum of **10%** of the award should be committed to measuring the results of the project.

HOW MUCH MONEY CAN YOUR COMMUNITY ORGANIZATION APPLY FOR?

Community based organizations may apply for \$2,000 to \$3,000 for short-term funding (September 2, 2008 to August 31, 2009). There are no predetermined dollar amounts per project or number of projects to be funded; however, the maximum amount of funding your organization may request is **\$3,000**. We anticipate 2-3 projects will be funded. Grants will be awarded after review of all proposals. Funds will be given in installments.

ARE THERE FUNDING RESTRICTIONS?

- **Funds may not provide direct services such as screenings, pulmonary function testing, etc.**
- Funds may not be used for lobbying, biofeedback, hypnosis, acupuncture, or for pharmaceuticals.
- Applicants must declare all other funding sources used for the project.
- Funds must be used as specified in proposal. Breach of the agreement formed through this application may result in loss of funding.
- **Funds may not provide medications.**

WHEN IS THE APPLICATION DUE?

If you would like to apply for a mini-grant, we are requiring that you return the enclosed application form by **July 31, 2008 before 5 p.m.** Electronic copies of the application are also available by sending a request to kjohnson@lungutah.org . You may mail or fax applications to:

Utah Asthma Program
PO Box 142106
Salt Lake City, UT 84114-2106
Fax: (801) 484-5461
Email: asthma@utah.gov
Attn: Kim Johnson

(Emailed applications are appropriate if in PDF format with appropriate signatures)

It is your responsibility to assure timely arrival of your application!
NO LATE APPLICATIONS WILL BE ACCEPTED!

GRANT APPLICATION REVIEW

Applications will be objectively reviewed by the Utah Asthma Program, the American Lung Association of Utah, and selected outside reviewers. The applications will be reviewed against the following criteria:

- **Background and Need (5 pts)** - Agency is described, rationale for population chosen is discussed.
- **Community Involvement (10 pts)** - Project is linked to statewide efforts, community is involved in the activity.
- **Overall Goal/ Strategies Used (20 pts)** - Link to the Utah Asthma Plan is stated, as well as impact on community. Clearly defined goal(s) and intended impact-who will be affected, how, and when.
- **Project(s) and Activities Description (30 pts)** - Clearly states what is intended to be accomplished and how. Activities lead to accomplishment of project(s). How will the activities be completed?
- **Evaluation Plan (10 pts)** - Ability to show effectiveness of the activities and how they will be measured.
- **Timeline (5 pts)** - Each activity is accomplished by a certain date. Timeline is realistic and achievable.
- **Barriers (10 pts)** - Anticipated barriers and how they will be overcome.
- **Budget and Budget Justification (10 pts)** - Specifically list how the funding will be used including the purpose and rationalization for the items needed. Funding is used appropriately given the restrictions listed in the application. Budget form provided in Attachment A is utilized.

After all applications have been submitted and reviewed, organizations will receive notification of the application status. Organizations will be notified of their award by August 29, 2008. (See attached timeline for other important dates.)

Grant Application Cover Sheet

Please fill out and submit as part of your overall application to:

Asthma Program

Utah Department of Health

P.O. Box 142106

Salt Lake City, Utah 84114-2106

Attn: Kim Johnson

Phone: (801) 931-6993, (801) 484-4456

Fax: (801) 484-5461

Name of Project: _____ Today's Date: _____

Contact Person: _____ County: _____

Organization/ Agency: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax number: _____

Length of Project:

Expected Date of Project Completion: _____

Population to be targeted: _____

Total Budget Amount Requested: \$ _____

Federal Tax ID Number: _____

Other Project Funding Sources:

Federal \$ _____ % of program funded _____

State \$ _____ % of program funded _____

Non-Governmental \$ _____ % of program funded _____

Source: _____

Signature of person authorized to bind agency

Name and Title

Application for Asthma Intervention Activities

Project Coordinator: _____

Coordinator Phone Number: _____

Organization: _____

Please complete each section as outlined. Each section is a required component of your grant application. No more than 5 pages (not including the budget and budget justification.)

1. Background and Need:

- a. Briefly describe your agency/ program and its purpose.
- b. Why did you pick this population? Why does this population need this service?

2. Community Involvement:

- a. How will you link your project to statewide efforts and services?
- b. Describe how your program will involve the community you serve.

3. Overall Goal/ Strategy: What do you intend to accomplish through this grant and what impact will it have on your community?

- a. Tell us what you plan on doing
- b. Who will you target (Target Population)
- c. List the section of the Utah Asthma Plan that most clearly fits your project

Steps 4-9 may be described in the format below. You may have multiple project(s) and activities. If you have multiple projects, please complete items 4 -7 for each project. (See Attachment B-Sample Workplan Format)

4. Project Name and Description: Clearly state and describe each project as it relates to your goal(s) and the state plan strategy and objective(s) you have chosen as your focus. State what you intend to accomplish through this project and what impact it will have on your community. Each project may have multiple activities associated with it.

5. Activity Name and Description: List the steps you will take to achieve your project(s). (ex. pre-post analysis, patient, provider, and/or public education class, presentations in community setting, conduct a community needs assessment, implement asthma friendly home project, implement Tools for Schools, etc.) Where existing programs are referred to, please include or attach a description or sample of the program. *Please be detailed-* the steps should clearly explain:

- a. How these activities will achieve the goal of the project
- b. How these activities will be completed
- c. Person responsible
- d. Target population
- e. Site/ service location, etc (*if applicable*)
- f. Number of hours and/or classes taught, etc (*if applicable*)
- g. When each activity will be completed (*by what date?*)

6. Evaluation Plan: Explain how you will show that your project is having an effect, and how you will measure that effect (i.e. surveys, focus groups, etc.)

7. **Timeline:** List when you plan to accomplish each step. Starting dates should be no earlier than **September 2, 2008**. Ending dates should be no later than **August 31, 2009**.
8. **Barriers:** Other than lack of time and lack of funding, please list any barriers you may have implementing your program and describe how you will try to overcome them.
9. **Budget and Budget Justification:** List, specifically, the **number and type** of items you propose to purchase for your project, including staff time (where applicable). Please include number of hours and hourly rate. Funding **cannot** cover office equipment (including electronic equipment of **ANY** kind). Include budget for in-state mileage costs (\$.505/mile) for one training meeting in the Wasatch Front area. ***Please use budget form included in Attachment A, as well as provide a narrative explaining the purpose and rationalization for the items you propose to purchase for your project, including staff time, travel, supplies, educational materials, evaluation, and other.***

Attachment A-Budget Form

	Total Requested	
I. PERSONNEL		
A. Salaries/ Wages Position/name: _____ __ hrs per week @ \$ ____/ hr x 52 weeks Position/name: _____ __ hrs per week @ \$ ____/ hr x 52 weeks Hours worked on evaluation: _____ total hrs @ \$____/ hr		
B. Benefits _____ % x _____ (income) = benefits		
Subtotal		
II. NON-PERSONNEL		
A. Travel (include 1 training in the Wasatch front) _____ trips x _____ people x _____ miles r/t x .505/mile _____ days per diem x \$____/day x _____ people _____ nights lodging x \$____/night x _____ people		
B. Supplies (please itemize)		
Item	Cost	
C. Incentives/ Food		
Item	Cost Per Item	Number Purchased
D. Printing & Copying		
Total Budget		

Budget Justification

Personnel

State the duties of all paid personnel involved in project. Time spent on evaluation should be included in this area also.

Travel

Travel should cover any mileage used for this project. Plan for one statewide training in the Wasatch Front.

Supplies

List any supplies used for the project. Include number of items and what each will be used for.

Incentives

List any incentives that will be purchased for project. Include number of incentives and what each will be used for.

Printing & Copying

Specify the printing and copying that will be done during project.

** Specify evaluation costs when spent from an area other than personnel.*

** Add Network/Coalition activities where appropriate.*

Attachment B- Sample Workplan Format

This is a sample of what kind of information should be included in workplan (sections 4-7 of application). Please be as detailed in your description of each project and activity as possible. It is not required to write your grant in this format, but please include all necessary information in your write-up of each project and activity. Use this format or a similar one for each strategy and objectives from the state plan you include as part of your grant.

Strategy : Population Issues: Education: To increase awareness that asthma is a chronic disease that occurs throughout the lifespan and is a public health concern so that people with asthma are better equipped to manage their disease. (*Refer to the Utah Asthma Plan, page 31, Education Objective*)

Goal : Increase awareness for those with asthma among Copperton School District.

Project Name : Provide education to parents and students in the Copperton School District to increase awareness of asthma as a public health problem.

Project Description : Increase asthma awareness by providing asthma education in a community setting to 100 parents of both students with asthma and without asthma within the Copperton School District.

Activity Name : Asthma Community Health Fair

Activity Description : Plan and provide a community health fair focused on asthma education and management to all parents and students within the Copperton School District. Provide educational materials and resources from various organizations with a specific interest in asthma, i.e. American Lung Association, Department of Health's Asthma Program, Copperton School District School Nurses, and several more. The purpose is to provide parents and students an opportunity to receive first-hand information on asthma resources available to the community.

Target Population : Parents and Students within Copperton School District

of Health Fairs : One 2 Hour community health fair

Site/ Service Location : Jefferson Jr. High Auditorium

of Expected Participants : 550

Person(s) Responsible : Sally Onsie, RN (Copperton School Nurse)

Expected Completion Date : October 19, 2007

Evaluation : A questionnaire will be presented at each booth that will allow the participant to ask one or two pre-arranged questions regarding the specific organization for whom the booth represents. This will ensure that the participant receives direct information on asthma resources available to them in their community. Once they ask the questions and receive adequate explanation, the participants will be given a ticket from the booth representative to be entered in a drawing for a free prize.

Activity Name : Asthma Community Forum

Activity Description : Conduct an asthma community forum for all parents and students in the Copperton School District. Provide training on basic asthma information and management for children with asthma. Training will be provided by Dr. Jensen, an allergist and Polly Jepson, RRT, AE-C.

Target Population : Parents and Students within Copperton School District
of Community Forums : One 2-hour presentation
Site/ Service Location : Lakeview High School Media Center
of Expected Participants : 350 (100 parents and 150 students)
Person(s) Responsible : Sally Onsie, RN (Copperton School Nurse)
Expected Completion Date : April 12, 2008
Evaluation : Forum evaluations will be given to each parent at the beginning of the community forum and will be handed back in at the end. District nurse will collect and analyze the evaluations collected.

Project Name : Provide asthma training to faculty and staff at four elementary schools within the Copperton School District.

Project Description : Increase asthma awareness among faculty and staff at four elementary schools (Burton, Dillard, Melhollow, and Peterson) within Copperton School District.

Activity Name : School Faculty Training

Activity Description : Provide an asthma training including basic information on asthma, signs and symptoms, triggers and how schools can be more asthma friends, as well as information on what to do in the event of an asthma attack.

Target Population : School Faculty and Staff

of Asthma Trainings : 4 1-hour trainings

Site/ Service Location : Media Center at each of the participating elementary schools

of Expected Participants : 120

Person(s) Responsible : Sally Onsie, RN

Expected Completion Date : All four trainings will be completed by April 20, 2008

Evaluation : A pre and post survey will be included as part of the training. Each faculty member will be given a pre survey asking general questions about what they already know about asthma. At the end of the presentation, the faculty will be asked to fill out a post-survey to assess what they learned. Data will be compiled and evaluated.

Tentative Mini-Grant Timeline FY09

Application Due - July 31, 2008

Notification of Funding - By August 29, 2008

Tentative Program Start Date - September 2, 2008

Orientation with funded agencies - September 2008

Other Important Dates:

Monthly Contact with mentor - By the 5th of each month (*i.e. phone call, a short email with updates, etc*)

Two site visits - December 2008 and April 2009

Midterm Reports Due - March 13, 2009

Final Report Due - September 14, 2009